

ASCORBIC ACID USE AND ABUSE

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Chemoprophylaxis—A Misconception

THE IDEA OF preventing infection by chemoprophylaxis was based on a misconception. The idea was that if a drug was so good that it could eliminate bacteria that had already established themselves and were producing disease, then it should be very effective in eradicating bacteria just after they had been implanted or in preventing them from getting implanted. But it turns out that this is not true. . . . It is very simple to lay down two distinct and never deniable rules for the use of chemoprophylaxis. The first rule is as follows: If the purpose of the chemoprophylaxis is to prevent invasion by a single organism that is sensitive to the drug being given, the chances of success are 100 percent. There is a second, contrary rule: If the purpose of the prophylaxis is to prevent invasion by every organism in a patient's internal and external environment, the chances of failure are 100 percent. In our own experience with 800 patients with measles (half of whom got penicillin or other drugs for prophylaxis, the other half of whom did not), there was a higher incidence of infections in those who got the penicillin. Even more threatening was the fact that the infections were from unusual organisms. Up to that point in my experience, I had never seen an acute otitis media due to *Proteus vulgaris*.

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